

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

7500 Odawa Circle Harbor Springs, MI 49740 Telephone: (231) 242-1626 Fax: (231) 242-1635

FOOD DISTRIBUTION APPLICATION

Please complete application thoroughly and submit all required documentation. All information contained in this application is treated confidentially and no information will be revealed to anyone without the express written consent of the applicant.

Date: _____ Tribal Affiliation _____
Enrollment No. _____
Name: _____ Date of Birth _____
Address: _____ Social Security # _____
Apt. No.: _____ Home Telephone _____
City/MI/ Zip _____ Work Telephone _____
County: _____ Ethnicity ☐White ☐Black ☐Hispanic ☐Asian

Please complete if physical address is different from mailing address:

_____ Address _____ City, State, Zip _____

FOOD STAMP PARTICIPATION

Households have the right to elect participation in either the Food Stamp Program or Food Distribution Program. No household may participate simultaneously in the Food Stamp Program and Food Distribution Program. A household certified in the Food Stamp Program must terminate its participation in the Food Stamp Program before receiving Food Distribution Program benefits.

Are you or any member of your household receiving or participating with a county Food Stamp Program? ☐No ☐Yes

If yes, County _____ Name of Case Worker _____

HOUSEHOLD COMPOSITION INFORMATION

List all "Family Members" other than the applicant, who are living in your household.

NAME	DOB	SOCIAL SECURITY Copies required	RELATIONSHIP	TRIBE/ENROLL # Copies required

SOURCE OF INCOME

Please check all applicable boxes regarding your household's source of income:

☐Wages/Employment ☐General Assistance ☐Public Assistance ☐Social Security ☐SSI
☐Pension/Retirement ☐"0" Income (Must complete Zero Income Form)

HOUSEHOLD INCOME VERIFICATION

Earned Income – Beginning with Applicant, list all **EARNED INCOME** for adult “Family” members listed in Household Composition. Attach a copy of your last 2 or 4 most recent pay check stubs (1 months earning), including Tips. If claiming seasonal or self-employment, you must attach copy of last year’s Income Tax Return.

NAME	EMPLOYER'S NAME & City/State/Zip	Pay Frequency	Monthly Income

Total EARNED NET Income \$ _____

Unearned Income – Beginning with Applicant, list all **UNEARNED NET INCOME** for members listed in Household Composition (i.e. Social Security, Retirement/Pension, Disability, Unemployment Benefits, Child Support, Per Capita Payments, Education Scholarship, etc)

NAME	SOURCE OF INCOME	Pay Frequency	Amount	Date Received	Monthly Net Income

Total UNEARNED Income \$ _____

SCHOOL OR TRAINING *Must include Verification of Registration and Class or Training Schedule* ☐

NAME	SCHOOL	ATTENDING
		<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter
		<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter

AVAILABLE RESOURCES

Beginning with Applicant, list all **available** resources for adult members listed in household. A resource also includes stocks or bonds or any other assets that may be considered monetary. A bank statement is required for all Income documents indicating direct deposit.

NAME	FINANCIAL INSTITUTE	ACCOUNT TYPE	BALANCE

Total Available Resources \$ _____

APPLICANT'S CASH ON HAND: \$ _____ **SPOUSE/COMPANION'S CASH ON HAND** \$ _____

DEPENDENT CARE DEDUCTION

(Must include copy of payment made to provider)

Provider Name	Address	Contact Number	Amount Paid	How Often

AUTHORIZED REPRESENTATIVE

This person/persons will be authorized to pickup your monthly issuance if you are unable to make it to the warehouse.

_____ Name	_____ Relationship	_____ Telephone Number
_____ Alternate's Name	_____ Relationship	_____ Telephone Number

PENALTY WARNING

Penalty Warning. Your household must comply with the following rules if you are eligible to receive commodity foods. Failure to comply with these rules may result in a monetary claim filed against your household and/or disqualification from the program.

1. **Do not give false information in order to receive benefits.**
2. **Do not trade or sell any commodity foods received by your household.**
3. **Do not use someone else's commodity foods.**
4. **Do not knowingly participate simultaneously with the Food Stamp Program and Food Distribution Program.**

APPLICANT CERTIFICATION

I certify that I have read and understand this application. I certify that the information contained is true and correct to the best of my knowledge. I understand that I must report any changes in household size, household income, and household resources within **ten (10) days** of the date the change becomes known to me. I authorize the verification of the information provided on this form. I have received a copy of this application.

Application must be signed and dated prior to certification review by Food Distribution Program staff.

SIGNATURE OF APPLICANT

DATE

CHECK LIST

In order to avoid delays in processing your application, please insure that application is completed thoroughly and that the following documentation is included when you return your application.

- ☐ Application: Signed and Dated
- ☐ Income documentation: **Needed for all persons 18 years of age and older residing in home.**
- ☐ Zero Income Form: **Must be completed by all persons 18 years of age and who do not claim income.**
- ☐ Copies of per capita payments or last years 1099 form.
- ☐ Copies of Social Security cards. **Needed for all persons listed on application.**
- ☐ Copy of tribal ID card(s): **Copy for all person's listed in household, if applicable**
- ☐ Copies of bank statements.
- ☐ Student income documentation.
- ☐ Copies of bank statements.
- ☐ Dependent care deduction: Must include copy of vendor/provider payment.
- ☐ Copies of Court Ordered Child Support Payments (Payments or Deduction)

OFFICE USE ONLY

Received Stamp

Signature of person accepting application

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Rights and Acknowledgements

1. APPLICATION. I understand that I have the right to file an application for the Food Distribution Program I understand that I must provide all necessary documentation for my application to be considered. Failure to provide documentation will cause a delay in processing and the application will not be approved until any missing information documentation is submitted. I understand that I will receive notice regarding my approval or denial of services within 10 days of receipt of a completed application including all supporting documentation from the Human Services Department.

2. Fair Hearing. I understand that if I disagree with any action taken in regards to this application, I or my designated representative may request a fair hearing. This request may either be in writing or verbally to the Director of Human Services. I further understand that I may choose any person I may want to represent my case

3. NON-DISCRIMINATION. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

4. REPORTING CHANGES:

A. I agree to report any changes in income, persons living in the home, or other circumstances that may affect my eligibility to the Human Services Department within **10 days** of the date the change occurs.

B. I understand that failure to report such changes especially financial will result in my termination from the program.

5. REPAYMENT OF BENEFIT. I understand that if I receive benefits to which I am not entitled to receive, I must reimburse LTBB.

6. AFFIDAVIT. I affirm that all the information provided is true and understand that providing false information may result in prosecution for perjury. Deliberate misinformation that results in obtaining benefits to which I am not entitled may result in prosecution for fraud.

7. RELEASE OF INFORMATION. I hereby give permission to the Little Traverse Bay Bands Food Distribution Program to contact the following Tribal, State or Federal Agencies/Programs for purpose of verification in of information to determine eligibility: Michigan DHS programs, Social Security Administration, Employers, Day Care Providers, and the following Tribal programs: Enrollment. Human Resources, Social Services, Accounting and Elder's Program.

I HAVE READ AND UNDERSTAND THIS FORM.

SIGNATURE: _____

DATE: _____